

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE		REGISTRAR'S NO.	
		A. COUNTY Maricopa		IN THIS TOWN IN ARIZONA 21 yrs. 33 yrs.		A. STATE Arizona		1694	
		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
		D. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 510 N. Granada Rd.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		3. NAME OF DECEASED A. (FIRST) OLEVIA B. (MIDDLE) W. C. (LAST) SILLS		4. SEX F		5. COLOR OR RACE W		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
		6B. NAME OF SPOUSE William C. Sills		7. DATE OF BIRTH MONTH DAY YEAR Jan 14 1902		8. AGE (IN YEARS) LAST BIRTHDAY 57		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Saleslady	
		9B. KIND OF BUSINESS OR INDUSTRY Avon Products		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Unk.	
		14A. FATHER'S NAME James Wesley Williams		14B. BIRTHPLACE (STATE OR COUNTRY) Indiana		15A. MOTHER'S MAIDEN NAME Nancy Jane Tevault		15B. BIRTHPLACE (STATE OR COUNTRY) Indiana	
		16. INFORMANT'S SIGNATURE Mr. William C. Sills, (husb)		ADDRESS Same		17. DATE OF DEATH (MONTH) (DAY) (YEAR) MAY 29th, 1959			
		18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
		ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (A) Pulmonary Embolism DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS FRACTURE CLOSED LEFT FEMUR - INTO TROCHANTER 2 wks.					
		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-15-59 1959 TO 5-29-59 1959. THAT I LAST SAW THE DECEASED ALIVE ON 5-29 1959, AND THAT DEATH OCCURRED AT 2:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
		22A. SIGNATURE J.H.T. [Signature] M.D.		22B. ADDRESS 2620 N. 3rd. St. Phx, Ari.		22C. DATE SIGNED June 1, 1959			
		23A. ACCIDENT X SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) At home		23C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix Maricopa Ariz			
		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 5/15/59 6:00 P.		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Fell over brief case which was lying on the floor of the living room.			
		24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
		25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> June 3, 1959		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona			
		26A. DATE REC. BY LOCAL REG. 6/1/59		26B. REGISTRAR'S SIGNATURE [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE O. La Maon		27B. ADDRESS 333 W. Adams St.	
		28A. ENBALMER'S SIGNATURE [Signature]		28B. ENBALMER'S CERT. NO. 326					